

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Fitzgerald & Crouch P.C.
Nicholas Fitzgerald, Esq. (NF6129)
649 Newark Avenue
Jersey City, NJ 07306
Phone (201) 533-1100
Counsel for the Debtor

In Re:

Madhu Agarwal

Case No.: 19-27945

Chapter: 13

Adv. No.:

Hearing Date:

Judge: Sherwood

CERTIFICATION OF SERVICE

1. I, Deblyn Corbin :

☐ represent _____ in this matter.

☒ am the secretary/paralegal for Nicholas Fitzgerald, Esq., who represents
_____ Debtor _____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On October 17, 2019, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Order Respecting Amended Schedule E/F

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 10/17/19

Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Englewood Health 350 Engle Street Englewood, NJ 07631	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Gastroentology Assoc of NJ 842 Clifton Avenue Clifton, NJ 07013	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Imaging Subspecialists of North Jersey LLC PO Box 3607 Evansville, IN 47735	Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
St Joseph's Health St Joseph's University Medical Center 703 Main Street Paterson, NJ 07503	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Gastroentology Assoc of NJ PO Box 51074 Newark, NJ 07101-5174	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Imaging Subspecialists of North Jersey LLC 703 Main Street Paterson, NJ 07503	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)